## PART B - FEE(S) TRANSMITTAL

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OAKLAND, CA 9	<del>9</del> 4612			Kathleen A.	Farrell A Fan	(Depositor's na	
			<u> </u>				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.	
10/785,396 02/23/2004 Walter D. Mieher KLA1P117X1A/P1151 6516 TITLE OF INVENTION: APPARATUS AND METHODS FOR DETECTING OVERLAY ERRORS USING SCATTEROMETR FIP1							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/17/2008	
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EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
STOCK JR, GORDON J 2877			356-401000	-AA-C			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Sampson LLP				
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	ne)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is ident n 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the part a substitute for filing an			cument has been filed	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
KLA-Tencor Technologies Corporation Milpitas, California							
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent): $\Box$	Individual 🖸 Corporati	on or other private gro	ip entity Governm	
4a. The following fee(s) are submitted:  All Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504480 (enclose an extra copy of this form				
5. Change in Entity Status  a. Applicant claims S	•	•	☐ b. Applicant is no long	ger claiming SMALL ENT	TITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and I interest as shown by the rec				ne applicant; a registered a	ittorney or agent; or the	e assignee or other party	
Authorized Signature			Date 5-2-08				
Typed or printed name _	Mary R.	Olynick	Registration No. 42963				
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